

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7	1					
8						
9						
10	1					
11	1					
12						
13						
14						
15		2				
16		2				
17		(1)				
18		(1)				
19	1					
20		(1)				
21		(1)				
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48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	18					
TOTAL CLAIMS	23					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						